

epiTRENDS

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Childhood Immunization: Provider Survey Examines Missed Opportunities

Collaborative efforts by health care providers and immunization advocates to raise childhood immunization levels in Washington State are paying off. Immunization protection for infants and children aged 19 to 35 months reached an all-time high of 81% in 1998, according to data from the Centers for Disease Control and Prevention (CDC). Nevertheless, the state still has not achieved the Healthy People 2000 goals of fully immunizing 90% of all 2-year-olds.

Private providers administer approximately 80% of all childhood immunizations. Thus, to learn more about current immunization practices and the use of computerized immunization tracking systems, the Department of Health (DOH) surveyed all 2,472 members of the Washington Chapters of the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). The adjusted response rate was 75%.

Close to 100% of the pediatricians and family practice physicians surveyed reported that they would almost always immunize during well-child visits. In more than 90% of these cases, providers reported administering multiple vaccines and are doing so on the correct schedule; the percentage is even higher when the child is overdue for a needed immunization.

The Contraindications Challenge

Still, public health officials and providers agree that improvement is needed. The study suggests that the number of vaccinations administered falls sharply during chronic and acute medical treatment interactions, with most providers less likely to immunize if a child comes in sick, even with a minor illness.

Of providers surveyed, 93% reported administering multiple vaccines during

single visits, nearly 63% said they would administer multiple vaccines during a chronic care visit, but only 39.5% would immunize when treating a child with an acute condition. While lower respiratory infections with mild or moderate fevers do not constitute contraindications to immunization, slightly less than 34% said they would usually immunize in that situation.

In general, physicians employed by an HMO or contracting with a health plan with immunization guidelines reported practices more consistent with the Standards for Pediatric Immunization Practice (CDC, February 1996) available since 1992. These guidelines recommend immunizing during most mild illnesses, including illness accompanied by a mild fever.

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Summertime . . . and with it, More Food-borne Illness

The summer season is a time for fun with family and friends, for baseball, barbecues, and picnics. Unfortunately, an unwelcome accompaniment to summer is an increase in cases of infection with *Salmonella*, *E. coli*, and *Shigella*.

Food-borne illness occurs more often during the summer because warmer weather fosters bacteria growth, and more food handling occurs away from home. These illnesses are caused by improper food handling, storage, and cooking. It is harder to wash hands well in a park or to cook thoroughly on an outdoor grill.

Epidemiologists who investigate diarrheal illnesses in the summer months consider the seasonal factors. Were the hamburger patties fully cooked at the company

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Food Safety *(from page 1)*

barbecue? Did the barbecue chef serve the cooked chicken on the plate used to carry the raw chicken to the backyard grill? How were the leftovers from the family reunion handled prior to being served again for lunch the next day? These are all common mistakes that cause illness.

Education is an important tool for reducing food-borne illness. Health care providers and public health professionals can share the following guidelines with patients and the community.

To avoid foodborne illness in the summer:

Wash Your Hands

Proper hand washing is the first and best defense against food-borne illness. Wash your hands prior to preparing food and after any contamination. If you do not have access to a plumbed sink, a temporary hand wash station can easily be set up with an air pump thermos or a jug with a turn spout. Fill it with warm water, place on the edge of a table, and set a bucket underneath to catch the waste water. Place a soap dispenser and paper towels nearby. Use whenever necessary throughout the day.

Keep Foods Cold

Always refrigerate cold foods below 45°F. Keep food cold until it is time to eat. Serve at the last minute and put the cold

foods back in the refrigerator or ice chest immediately following the meal.

For picnics and barbecues, pack ice around the food in a well-insulated cooler. Freezer pack inserts can help keep foods cold. Purchase additional ice for beverages. (Do not use food storage ice for iced beverages.)

Avoid Cross Contamination

Use separate cutting boards and utensils for raw meats. Prepare raw meat items such as hamburger patties at home where you have a controlled environment and better facilities for cleaning and sanitizing contaminated surfaces. Store raw meat in a separate cooler or in plastic containers separate from the other foods.

Melon Safety

Cut melons left at room temperature have caused many outbreaks of *Salmonella*. Melons can be consumed safely if you rinse and prechill whole melons prior to slicing, then cut and eat. If you are serving later in the day, store cut pieces of melon in the refrigerator or well packed in ice before serving. Either way, don't leave them out to incubate.

Ice Cream Safety

When preparing homemade ice cream, *do not use raw eggs*. Raw eggs can contain *Salmonella*. Try the custard recipe using milk, sugar, and eggs cooked on the stove and cooled before adding the flavorings.

Cook Thoroughly

Chicken should be cooked to a temperature above 165°F, pork above 155°F, and ground beef above 155°F. During grilling, turn meats at least twice and flatten with a spatula. To ensure that meat is safe to eat, check the internal temperature with a food thermometer. Do not eat rare or pink meat or poultry. *Remember, during the hot summer months, all foods should be served within one hour.*

Leftovers

The only leftovers safe for another meal are those that were kept at or below 45°F in the cooler or refrigerator.

Public health professionals can help ensure that family, friends, and clients are safe from foodborne illness all year long. Pass along safe food handling tips — you might others avoid a nasty summer illness.

For More Information

Contact Janet Anderberg at the DOH Office of Food Safety and Shellfish, 425-670-8383, by email at janet.anderberg@doh.wa.gov.

Web sites with excellent information are: U.S. Food and Drug Administration, <http://www.cfsan.fda.gov>; U.S. Dept. of Agriculture, <http://www.fsis.usda.gov>; and the Centers for Disease Control and Prevention, <http://www.cdc.gov/foodsafety>

TABLE 1: Foods commonly associated with pathogenic organisms

Organism	Associated Foods
<i>E. coli</i>	Ground beef, lettuce, fresh herbs, fruit juice
<i>Salmonella</i>	Chicken, ice cream, melons, eggs, potato salad, sprouts
<i>Campylobacter</i>	Raw milk, meat, poultry, shellfish
<i>C. perfringens</i>	Any leftover foods (e.g., beans, meat, poultry)
<i>Bacillus</i>	Rice, soup, potatoes, meatloaf, custards, sauces
<i>Listeria</i>	Cole slaw, hot dogs, processed meats, milk, soft cheese
<i>Vibrio</i>	Shellfish, fish, crustacea
<i>Shigella</i>	Salad; ready-to-eat food handled by an infected person
<i>Staphylococcus</i>	Ham, meat, poultry/poultry products, milk/milk products
Norwalk and small round viruses	Any ready-to-eat food handled by an infected person
Hepatitis A	Any ready-to-eat food handled by an infected person
<i>Cyclospora</i>	Raspberries, basil, lettuce, water
<i>Cryptosporidium</i>	Apple cider, water
<i>Giardia</i>	Water, foods washed in water
Paralytic shellfish poisoning (red tide)	Clams, mussels, scallops

Monthly Surveillance Data by County

June 2000* – Washington State Department of Health

County	E. coli O157:H7	Salmonella	Shigella	Hepatitis A	Hepatitis B	Non-A, Non-B Hepatitis	Meningococcal Disease	Pertussis	Tuberculosis	Chlamydia	Gonorrhea	AIDS	Pesticides†	Lead\$#
Adams	0	0	0	0	0	0	0	0	0	4	0	0	3	5/77
Asotin	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0
Benton	0	0	0	0	0	0	0	1	0	9	0	0	4	0/5
Chelan	0	0	0	0	0	0	0	0	0	4	0	0	6	1/9
Clallam	2	0	0	0	0	0	0	0	1	8	3	0	0	0/0
Clark	0	1	0	2	1	0	1	0	1	45	2	1	1	0/#
Columbia	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Cowlitz	0	0	0	0	0	1	0	0	0	13	0	0	0	0/42
Douglas	0	0	0	2	0	0	0	0	0	3	0	0	1	0/0
Ferry	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Franklin	0	0	0	0	0	0	0	0	1	9	0	1	7	0/#
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	0	0	1	0	0	0	0	0	1	9	0	0	2	3/45
Grays Harbor	0	0	0	0	0	0	1	0	0	16	0	0	0	0/12
Island	0	2	1	1	0	0	0	2	0	6	0	0	1	1/#
Jefferson	0	0	0	3	0	0	0	0	0	5	0	0	0	0/#
King	2	5	1	2	1	1	1	34	14	360	74	15	3	4/37
Kitsap	3	3	0	0	0	0	2	0	1	46	10	0	0	0/15
Kittitas	0	0	0	0	0	0	0	1	0	4	0	0	0	1/#
Klickitat	0	0	0	0	0	0	0	0	0	1	0	0	1	0/0
Lewis	0	0	0	1	0	0	0	0	1	6	0	1	0	0/#
Lincoln	0	0	0	0	0	0	0	0	0	2	1	0	0	0/0
Mason	0	1	0	0	1	0	0	1	0	7	0	0	0	0/0
Okanogan	0	0	0	1	0	0	0	3	0	5	0	0	4	0/#
Pacific	0	0	0	0	0	0	0	0	0	0	0	0	1	0/0
Pend Oreille	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Pierce	5	4	3	0	6	0	0	10	4	161	46	5	3	1/41
San Juan	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Skagit	0	0	0	0	1	0	0	0	0	21	1	0	1	0/#
Skamania	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Snohomish	8	1	0	0	0	0	0	5	1	69	5	2	0	0/16
Spokane	0	5	0	0	0	0	0	0	2	41	9	5	6	0/10
Stevens	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Thurston	4	1	0	0	0	0	0	0	1	36	2	0	2	0/#
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Walla Walla	0	0	1	0	0	0	0	0	1	4	0	1	0	1/#
Whatcom	0	1	0	0	1	0	0	0	0	17	0	0	0	1/#
Whitman	0	0	0	0	1	0	0	0	0	8	0	0	4	0/#
Yakima	2	8	12	0	2	1	1	0	1	37	5	0	17	2/6
Unknown														0/0

Current Month	26	32	19	12	14	3	6	57	30	962	158	31	67	20/344
June 1999	13	65	14	56	9	1	7	63	30	1141	172	37	52	6/205
2000 to date	52	207	316	147	41	12	30	189	129	6391	1112	248	169	66/2085
1999 to date	29	220	52	163	33	8	38	501	126	5951	1033	183	122	55/1702

* Data are provisional based on reports received as of June 30, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

\$# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.



WWW Access Tips

For more detailed information on immunization, check the web page for the Centers for Disease Control and Prevention, <http://www.cdc.gov/nip> and for the Washington State Department of Health, <http://www.doh.wa.gov/cfh/imm/default.htm>

Sentinel Physicians Needed for Influenza Surveillance

The Washington State Department of Health, in conjunction with the Centers for Disease Control and Prevention, seeks sentinel physicians for influenza surveillance during the 2000-2001 season. If interested, contact Phyllis Shoemaker, 206-361-2830 by August 31.

Immunization Survey *(from page 1)*

Computerized Tracking Systems

Not having accessible vaccine status information about each child and what vaccines are needed can be a barrier for busy providers. DOH and local health jurisdictions (LHJ) statewide are working with provider groups, managed care organizations, and health plans to improve immunization coverage. DOH offers several tools to assist health care providers in tracking immunizations to avoid missed opportunities and provides materials for educating parents. They include CASA Assessments, the CHILD Profile Registry System, and CHILD Profile Health Promotion Materials sent to parents of all newborns in Washington State.

In the AAP/AAPF survey most physicians agreed that computerized immunization systems are or would be useful but only about 30% said they have used them or were using them at the time of the survey. Even fewer (6%) were using CHILD Profile. More pediatricians (11%) had used CP than had family physicians (4%); 52% of pediatricians had heard of this system compared to only about 32% of family physicians.

Automated immunization registries can

assess what vaccines a child needs based on previously administered vaccines. They can also assist providers with reminder and recall notices when vaccines are missed during a visit. Scientific evidence supports the effectiveness of reminder/recall systems, and the Advisory Committee on Immunization Practices, AAP, and AAPF recommend their use (*MMWR* 1998; 47(34):715-717).

Next Steps

Initiatives to help Washington meet the goal of full immunization for 90% of 2-year-olds include clinic assessments for providers, collaboration with HMOs and health plans to improve provider office systems, and further implementation of CHILD Profile. If you would like to receive the DOH Immunization Program newsletter or additional information on the survey or statewide efforts to increase immunization rates, contact Dr. Pat deHart, epidemiologist, DOH Immunization Program, 360-236-3537, pat.dehart@doh.wa.gov; or Dr. Jim Gaudino, MCH lead epidemiologist, 360-236-3591, jim.gaudino@doh.wa.gov, or contact your local health jurisdiction.

Calendar

October 2-4,
Tacoma

The 7th Annual Joint Conference on Health — The featured speaker is David Suzuki of the University of British Columbia, an author, educator, scientist, broadcaster, and motivational speaker. Among other speakers are Larry Wallack, public relations, Portland State University; and David Swan, futurist, Cambridge Technology Partners. For details on the program and registration materials, visit the Washington State Public Health Association web site, <http://wspha.org>, or call 425-377-1477, or e-mail kathy@wspha.org.

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